



AF/1643
JH

**NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Applicant: Arnold Glazier

Application No.: 09/738,625

Group: 1643

Filed: December 15, 2000

Examiner: Canella, Karen A.

Confirmation No.: 2855

For: SELECTIVE CELLULAR TARGETING: MULTIFUNCTIONAL
DELIVERY VEHICLES, MULTIFUNCTIONAL PRODRUGS, USE AS
ANTINEOPLASTIC DRUGS

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
10-04-07	
Date	Signature
Mendita Murray	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated May 4, 2007 of the Examiner finally rejecting claims 30-33. The item(s) checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated May 4, 2007 for two months from August 4, 2007 to October 4, 2007.
- ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
- ☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.

10/10/2007 09:00:00 09738625
01 103625
02 103625
230.09 07

3. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for two months		\$230
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$[]
	Less fee paid	([] mo.)	- \$[]
	Balance of fee due		\$[]
<input checked="" type="checkbox"/>	Notice of Appeal		\$255
<input type="checkbox"/>	Other		\$[]
		TOTAL	\$485

4. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$485.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By

Pamela A. Torpey

Pamela A. Torpey

Registration No.: 45,736

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

Dated:

October 4, 2007